

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2020	

Full Name of Payee <b>Card Services Center</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2020	
Mailing Address 200 Chastain Center Blvd., #200		Amount 290.00	
City Kennesaw	State GA	Zip Code 30144	Transaction ID : EDT.E.179
Purpose of Expenditure Digital Marketing - CA, FL, TX, OH	Category/ Type 24E	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2020	
Name of Federal Candidate Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
		88437.34	

Full Name of Payee <b>Card Services Center</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2020	
Mailing Address 200 Chastain Center Blvd., #200		Amount 1448.99	
City Kennesaw	State GA	Zip Code 30144	Transaction ID : PDT.E.89
Purpose of Expenditure Online Ads - CA, FL, TX, OH	Category/ Type 24E	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2020	
Name of Federal Candidate Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
		88437.34	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1738.99
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2020

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Humanity Forward Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00712497
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
MM / DD / YYYY 01 / 28 / 2020	

Full Name of Payee <b>Cohen, Lawrence, , ,</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2020	
Mailing Address 12006 Hammack Street, Apt. C			Amount 3264.38	
City Culver City	State CA	Zip Code 90230	Transaction ID : PDT.E.46	
Purpose of Expenditure Online Ads - CA, FL, TX, OH		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2020	
Name of Federal Candidate Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		88437.34	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	3264.38
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	5003.37

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lutz, Kim, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 18 / 2020

Signature